

Signed under the penalties of perjury:

Form CPF M 102: Campaign Finance Report Municipal Form ABINGTON, MA RECEIVED

Office of Campaign and Political Finance

2012 APR 17 PM 2: 39

Date:

(Candidate's signature)

of Massachusetts	File with: City or Town Clerk or Election Commission
Fill in Reporting Period dates: Beginning Date: 04/01,	
Type of Report: (Check one) ☐ 8th day preceding preliminary ☐ 8th day preceding election [30 day after election year-end report dissolution
oth day preceding premimary and day preceding election [Jo day after election year-end report dissolution
MICHAEL KUROWSKI	COMMITTEE TO ELECT MICHAEL KUROWSKI
Candidate Full Name (if applicable)	. Committee Name
SCHOOL COMMITTEE	JAMES COUGHLIN
Office Sought and District	Name of Committee Treasurer
553 LINWOOD ST, ABINGTON, MA 02351	700 BEDFORD ST, ABINGTON, MA 02351
Residential Address	Committee Mailing Address
Telephone Number (optional):	Telephone Number (optional): (781) 792-0300
SUMMARY BALANCI	E INFORMATION:
Line 1: Ending Balance from previous report	0
Line 2: Total receipts this period (page 3, line 11)	1,885
Line 3: Subtotal (line 1 plus line 2)	1,885
Line 4: Total expenditures this period (page 5, line	14) 1,460
Line 5: Ending Balance (line 3 minus line 4)	425
Line 6: Total in-kind contributions this period (pag	e 6) 200
Line 7: Total (all) outstanding liabilities (page 7)	0
Line 8: Name of bank(s) used: ABINGTON BANK	
Affidavit of Committee Treasurer: certify that I have examined this report including attached schedules and it is, to the best of activity, including all contributions, loans, receipts, expenditures, disbursements, in-kind continuous activity of all persons acting under the authority or on behalf of this committee in activity of the penalties of perjury:	ntributions and liabilities for this reporting period and represents the campaign ecordance with the requirements of M.G.L. c. 55. (Treasurer's signature) Date: 4/15/2012
FOR CANDIDATE FILINGS ONLY: Affidavit of Candidate: (check 1 box	only)
Candidate with Committee and no activity independent of the committee I certify that I have examined this report including attached schedules and it is, to the beactivity, of all persons acting under the authority or on behalf of this committee in acconnected any liabilities nor made any expenditures on my behalf during this reporting p	ordance with the requirements of M.G.L. c. 55. I have not received any contributions,
Candidate without Committee OR Candidate with independent activity filing sepa I certify that I have examined this report including attached schedules and it is, to the befinance activity, including contributions, loans, receipts, expenditures, disbursements, is campaign finance activity of all persons acting under the authority or on behalf of this company.	est of my knowledge and belief, a true and complete statement of all campaign in-kind contributions and liabilities for this reporting period and represents the

SCHEDULE A: RECEIPTS

M.G.L. c. 55 requires that the name and residential address be reported, in alphabetical order, for all receipts over \$50 in a calendar year. Committees must keep detailed accounts and records of all receipts, but need only itemize those receipts over \$50. In addition, the occupation and employer must be reported for all persons who contribute \$200 or more in a calendar year.

(A "Schedule A: Receipts" attachment is available to complete, print and attach to this report, if additional pages are required to report all receipts. Please include your committee name and a page number on each page.)

Doto Dossino	Name and Residential Address	Amount	Occupation & Employer
Date Received	(alphabetical listing required)	Amount	(for contributions of \$200 or more)
	none		
		1	

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and the state of t			
Anna Marian Mari			
ne 9: Total Receip	ts over \$50 (or listed above)		
ne 10: Total Receip	ots \$50 and under* (not listed above)	1,885	
	ECEIPTS IN THE PERIOD	1,885	Entagon nago 1 lino 2
			Enter on page 1, line 2

^{*} If you have itemized receipts of \$50 and under, include them in line 9. Line 10 should include only those receipts not itemized above.

SCHEDULE A: RECEIPTS (continued)

Name and Residential Address Date Received (alphabetical listing required)		Amount	Occupation & Employer (for contributions of \$200 or more)	
	n/a			
			,	
Line 9: Total Receip	ots over \$50 (or listed above)	0	·	
Line 10: Total Receipts \$50 and under* (not listed above) 1,885				
Line 11: TOTAL R	ECEIPTS IN THE PERIOD	1,885	Enter on page 1, line 2	

^{*} If you have itemized receipts of \$50 and under, include them in line 9. Line 10 should include only those receipts not itemized above.

SCHEDULE B: EXPENDITURES

M.G.L. c. 55 requires committees to list, in alphabetical order, all expenditures over \$50 in a reporting period. Committees must keep detailed accounts and records of all expenditures, but need only itemize those over \$50. Expenditures \$50 and under may be added together, from committee records, and reported on line 13.

(A "Schedule B: Expenditures" attachment is available to complete, print and attach to this report, if additional pages are required to report all expenditures. Please include your committee name and a page number on each page.)

report all expend		nittee name and a page number or	ı each page.)	
Date Paid	To Whom Paid (alphabetical listing)	Address	Purpose of Expenditure	Amount
4/1/2012	ABINGTON EDUCATION FOUNDATION	1 RALPH HAMLIN LN, ABINGTON MA 02351	DONATION/SPONSORSHIP AT FUNDRAISING EVENT	100
4/15/2012	AMERICAN EXPRESS	C/O KUROWSKI 553 LINDWOOD ST, ABINGTON, MA	PARADE CANDY	60.42
4/15/2012	AMERICAN EXPRESS	C/O KUROWSKI 553 LINDWOOD ST, ABINGTON, MA	BANNER PRINTING	148.75
4/15/2012	AMERICAN EXPRESS	C/O KUROWSKI 553 LINDWOOD ST, ABINGTON, MA	MEET AND GREET SUPPLIES	167.23
4/15/2012	AMERICAN EXPRESS	C/O KUROWSKI 553 LINDWOOD ST, ABINGTON, MA	STAMPS	72
4/02/2012	MOLLICA, PAUL	164 PRESIDENTIAL DR, ABINGTON, MA 02351	LAWN SIGNS	810
	Papalogary option (LLT) and all process of the AST per States of the Ast and t	Line 12: Total Expenditures over	er \$50 (or listed above)	1,358.4
Line 13: Total Expenditures \$50 and under* (not listed above)		101.6		
Enter on page 1, line 4 → Line 14: TOTAL EXPENDITURES IN THE PERIOD			1,460	

^{*} If you have itemized expenditures of \$50 and under, include them in line 12. Line 13 should include only those expenditures not itemized above.

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SCHEDULE B: EXPENDITURES (continued)

Date Paid	To Whom Paid (alphabetical listing)	Address	Purpose of Expenditure	Amount
	nla			
		Line 12: Expenditures over \$50	(or listed above)	
	Line 13: Expenditures \$50 and under* (not listed above)			
	Enter on page 1, line 4 -> Line 14: TOTAL EXPENDITURES IN THE PERIOD If you have itemized expenditures of \$50 and under include them in line 12. Line 13 should include only those expenditures not itemized			

^{*} If you have itemized expenditures of \$50 and under, include them in line 12. Line 13 should include only those expenditures not itemized above.

SCHEDULE C: "IN-KIND" CONTRIBUTIONS

Please itemize contributors who have made in-kind contributions of more than \$50. In-kind contributions \$50 and under may be added together from the committee's records and included in line 16 on page 1.

Date Received	From Whom Received*	Residential Address	Description of Contribution	Value
4/1/2012	CHRIS SEXTON PRINTING SOURCES	87 CRABTREE LN ABINGTON, MA 02351	DEAR FREIND CARD PRINTING	200
		Line 15: In-Kind Contributions	over \$50 (or listed above)	200
		Line 16: In-Kind Contributions	\$50 & under (not listed above)	L. L. J. J. L. P. L. P. J. P. L. P. J. P. L. P. J. P. L. P. J. L. P. J. P. L. P. J. P. L. P. J. P. L. P. J. P. L. P. J. P. J. L.
	Enter on page 1, line $6 \rightarrow$	Line 17: TOTAL IN-KIND CO	ONTRIBUTIONS	200

^{*} If an in-kind contribution is received from a person who contributes more than \$50 in a calendar year, you must report the name and address of the contributor; in addition, if the contribution is \$200 or more, you must also report the contributor's occupation and employer.

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SCHEDULE D: LIABILITIES

M.G.L. c. 55 requires committees to report ALL liabilities which have been reported previously and are still outstanding, as well as those liabilities incurred during this reporting period.

Date Incurred	To Whom Due	Address	Purpose	Amount
		1000		
		none		

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